Effectiv October 1, 2003 10796743															
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR				OTHER THAN SMALL ENTITY		
T	OTAL CLAIMS	} 	1.5			•	RA			F	EE	1.	RATE	FEE	
F	DR		NUMBER FILED . NUM			ER EXT	EXTRA BASI			EE 38	5.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	5minus 20= •			1		ſ	X3 9=	T	T	OR	X\$18=		
IN	DEPENDENT C	LAIMS	3-minus 3 =			1		ŀ	X43=	1		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							ł	. 45	1	<del>-</del>	1.		·		
• If the difference in column 1 is less than zero, enter "O" in column 2							Ļ	+145=	+,	Y (==	OR	+290=			
CLAIMS AS AMENDED - PART II									TOTAL	2	×5	OR	TOTAL		
_(	13/19/04	(Column 1)	(Column 2) (Column 3)					SMALL ENTITY			OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESI			RATE	TIO	DI- NAL E		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	d	<u>)                                    </u>	2			X\$ 9=			OR	X\$18=		
	Independent	· 3	Minus	6		•			X43=			OR	X86=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			ľ	+145=		П	OR	+290=		
								L	TOTAL		$\vdash$	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								AL	OOIT. FEE	<b></b>	-	10	ADOIT. FEE		
AMENDMENT B	8/25/04	CLAIMS REMAINING AFTER AMENOMENT	•	HIGHE NUMBI PREVIOL PAID F	er JSLY	PRESE			RATE	AD TIO	NAL	·	RATE	ADDI- TIONAL FEE	
	Total	• 14	Minus	- D	$\theta$	•			X\$ &=			OR	.X\$18=		
	Independent	• 4	Minus	***	5	- /			XA3	100	)	OR	X86=		
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ι.	+145=			OR	+290=		
	<b>.</b>										)/	ba.	TOTAL		
(Column 1) (Column 2) (Column 3)									OIT. FEE	<del></del>	P	•••	ODIT. FEEL	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	MIGHES NUMBE PREVIOU PAID FO	ST P SLY	PRESE EXTR	NT	[·	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•		[;	X\$ 9=			OR	X\$18=		
	independent		Minus	***		•			X43=		_	. •	X86=		
`	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		IJ.	$\vdash$	145=		'	OR			
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										'انـــ	OR	+290=		
	! the "Highest Nur ! the "Highest Nur	nber Previously Pal tiber Previously Paid ber Previously Paid	d For IN THIS Id For IN THIS	SPACE IS IN	ess than ess than	20, enter	3. ·			propris	٠		TOTAL DOIT. FEEL MIN 1.		

Application or Docket Number